

Clerk of Court, EDPa  
James A. Byrne U.S. Courthouse  
Room 2609  
601 Market Street  
Phila, Pa. 19106

RECD NOV 28

11/28/2022

Case Number: **GOVAN v. AMAZON, INC.**

Case Number: **22-4403**

Attention:

Clerk of Court, EDPa

These are my additional interactions with Amazon Disability & Leave Services

1. E-Mails from Shebaaz Shaikh- U.S Case Manager, Disability & Leave Services
2. E-Mail sent to Shebaaz Shaikh – U.S. Case Manager, Disability & Leave Services
3. E-Mail sent from Aamir Khnayril ERC – DLS Support, Disability & Leave Services – Aamir Khnayril, indicated, “I had requested an extension from 9/19/2022 to 9/18/2023.
4. This is a copy of the document fax to my PCP on 10/20/2022 from Amazon DLS. However, the Requested Return to Work Dates indicates September 19, 2022.
5. Proof, my PCP faxed information to them on October 13, 2022.
6. This is information E-Mail to me by Shebaaz Shaikh. The requested Return to Work indicates – September 19, 2022.
7. **Amazon HR – Malikah M response to complaint created on April 21, 2022.**
8. Proof, I was sent home on or around June 27, 2021, the shift was a 5-hour shift, this write up happen, right in the middle of the production floor with 15 plus people around, and it was on camara. I show the manager my swollen knee, the manager indicated to me to sign this and he will send me home, with no incident report filed.

Thank you,

Kenneth Govan

2601 North Broad Street, Apt 316

Phila, Pa. 19132

*Kenneth L G*

case # Govan v Amazon, Inc.

case # 22-4403

 about:blank             

RE: Shebaaz Shaikh | US Case Manager (L) Disability & Leave Services [ ref:\_00D6A1i02x\_5004okfPHa:ref ]

卷之三

MEJ 11/12/2022 11:20 PM

Start reply with:

12

-11-

5 Thanks for reaching out and apologies for the inconvenience. we have received your paperwork and we have extended your leaves through next office appointment date i.e. 12/22/22.

We have already sent you approval email and all the UP's will be reinstated to your account. You are requested to submit your updated paperwork after your online visit on 12/22/22.  
Regards,  
DLS Team

----- Original Message -----

**From:** KennethDGovan at kenneth.govan@temple.edu [kenneth.govan@temple.edu]  
**Sent:** 1/12/2022 11:24 AM  
**To:** amazonlsls@dali-leave-disability.services.hra2z.com  
**Subject:** Shebaaz Shaikh | US Case Manager (L) Disability & Leave Services

The first report was sent on or around September 15, 2022. That was 4 days before September 19, 2022 deadline. The 2nd was on or around October 15, 2022.

case  
Kenneth Govan



Office 1217

Case # 22-4403

2-A

**From:** Kenneth Govan <kennethgovan@ymail.com>  
**Sent:** Friday, November 25, 2022 12:20 PM  
**To:** Office 1217  
**Subject:** [EXTERNAL] Fw: Shebaaz Shaikh | US Case Manager (L) Disability & Leave Services

**Caution! This email originated outside of FedEx. Please do not open attachments or click links from an unknown or suspicious origin.**

Sent from Yahoo Mail on Android

----- Forwarded Message -----

**From:** "Kenneth Govan" <kennethgovan@ymail.com>  
**To:** "printandgo@fex.com" <printandgo@fex.com>  
**Sent:** Fri, Nov 25, 2022 at 10:25 AM  
**Subject:** Fw: Shebaaz Shaikh | US Case Manager (L) Disability & Leave Services

Sent from Yahoo Mail on Android

----- Forwarded Message -----

**From:** "Kenneth D Govan" <kenneth.govan@temple.edu>  
**To:** "Kenneth Govan" <Kennethgovan@ymail.com>  
**Sent:** Fri, Nov 25, 2022 at 7:13 AM  
**Subject:** Fw: Shebaaz Shaikh | US Case Manager (L) Disability & Leave Services

---

**From:** Kenneth D Govan

**Sent:** Monday, November 21, 2022 1:46 PM

**To:** Amazon Disability and Leave Services <amazondls@dali-leave-disability.services.hr.a2z.com>

**Subject:** Shebaaz Shaikh | US Case Manager (L) Disability & Leave Services

Where is my medical report which my PCP faxed you on or around November 11, 2022. This the 3<sup>rd</sup> time my medical information has come up missing. Why, am I getting points when you have my information. My PCP, has sent you two different medical reports, which Amazon had issued, one was sent, faxed directly to my PCP. The first report was sent on or around September 15, 2022. That was 4 days before September 19, 2022 deadline. The 2<sup>nd</sup> was on or around October 15, 2022.

Lastly, this report was sent on or around November 7, 2022. I received no conformation or no information regarding this issue.

Thank you

Kenneth Govan

← → G https://atoz.amazon.work/time/attendance

2-B



Home

Time off & leave

Pay

Schedule ▾

Attendance

Case # Gouan v Amazon

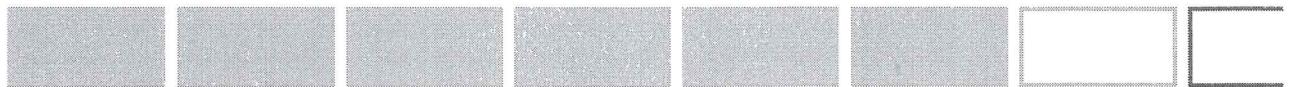
Case # 22-4403

## Attendance status

### Attendance points

Attendance points are accumulated through attendance events such as missing shifts or punching in late.

6/8 points



#### ⚠ Attendance warning

Your employment is at risk due to your attendance status. Please read the attendance policy and take corrective action without further notice or pay.

Nov 19, 2022

+ 1 point | Below Weekly Required Hours

Nov 12, 2022

+ 1 point | Below Weekly Required Hours

[View all attendance events →](#)

### Failure to inform absence

33°F  
Sunny



Case # 22-4403

**From:** Amazon Disability and Leave Services <amazondls@dal-i-leave-disability.services.hr.a2z.com>  
**Sent:** Monday, November 21, 2022 2:18 PM  
**To:** Kenneth D Govan <kenneth.govan@temple.edu>  
**Subject:** Contact summary [ ref:00D6A1i02x.\_5004oKfPHa:ref ]

Subject: Amazon DLS – {02209476} –  
Hello (kenneth )

Thank you for contacting Amazon's Disability and Leave Services (DLS).

You called with questions about (the status of your leave of absence ).

We discussed (that you requested for an extension from 9/19/2022 to 9/18/2023 and the document that your HCP Has faxed to the case was received on 11/11/2022 and the case was already closed on 10/13/2022 because of no documentation received and If you have the document supporting the extension dates then we have to create a new case as this case was closed and we cannot reopen this one so we have to request for a new case with new dates so you can call back this line is open 24\*7 so that we can assist you in creating a new case if you have the documentation for the extension)  
Documentation can be submitted via the below methods:

The Disability and Leave Self-service Portal on AtoZ  
Email: amazondls@amazon.com  
Fax: 855-579-1799

If the documentation is submitted via AtoZ, it can take up to 24 hours to be uploaded to the case.

If the documentation is submitted via email or fax, it can take up to 2 business days to be uploaded to the case.

The Case Manager will make a decision on your case and relay that decision via email or phone call.  
Once the documentation is received, it takes up to 2 business days for appropriate actions to be taken.

Remember that submitting documentation via AtoZ is the most efficient method for getting your documentation to us. You are also able to view your case status via AtoZ. Attached is a PDF with instructions on how to access and submit documentation on the AtoZ Self-service portal.  
<Add all Self-Service Options + How to PDF Guide Link>

Additionally, you can submit Leave of Absence/Accommodation related questions or requests via MyHR | Contact Us by accessing the AtoZ Portal or Inside Amazon in order to get support via chat, correspondence or phone.

*Case # 22 - Gough v Amazon, Inc.*

*8-B*

Sincerely,  
(Aamir Khnayri) | ERC-DLS Support  
Disability & Leave Services

IMPORTANT NOTE: This email was sent from an unmonitored mailbox; if you have further questions or issues, please do contact us back at (888) 892-7180.

SFDC: 5004000000KfPHaAAN E106 vs 10.18 02209476

Case # Govan v Amazon  
 Case # 22-4403



4-A

Return this form by fax to 1-855-578-1799 or by email to [amazoncls@amazon.com](mailto:amazoncls@amazon.com)

#### Physician Statement

Patient Name: Kenneth Govan  
 Patient Job Title: Prime Now Associate  
 Requested Leave Start Date: June 28, 2021  
 Physical Demand: Regular Flex Time - < 20 Hrs

Patient Date of Birth: April 28, 1962  
 Case Number: 02209476  
 Requested Return To Work: September 19, 2022

#### 1. Diagnostic Information

Primary Disabling Diagnosis:	Osteoarthritis	ICD-10:	M19.90	Onset Date:	/ /
Secondary Diagnosis:	Depression / Anxiety	ICD-10:	E41.8		
Surgery Name:		CPT:		Date of Surgery:	/ /
Type of Surgery:	<input type="checkbox"/> Open <input type="checkbox"/> Minimally Invasive				

- Is the patient's primary condition due to injury or illness arising out of the patient's employment?  No  Yes
- Is this absence from work related to patient's pregnancy, or recovery from childbirth or pregnancy loss?  
 No  Yes, with due date or with actual delivery date / /  Vaginal delivery  Cesarean

#### 2. Treatment Information

Office visits: Most recent visit date: 9/21/2022 Next visit: / / - outpatient

If Hospitalized, Admitted on: / / Discharged on: / / Last visit - 2/15/22

Treatment plan & Medication(s) for Primary Disabling Diagnosis - name / dosage / last titrated: upcoming - 12/22

If Patient referred to specialist, Providers Name EASTON ORTHOPEDICS Specialty Ortho Phone 215-456-7907

#### 3. Clinical and Functional Assessment

Do you consider your patient to be totally impaired from working?  No  Yes

If yes, as of what date? / / , with an actual / expected return to work date of / /

If yes, as supported by the following rationale from their Last office visit on / / (citing medical facts documenting patient's functional impairments, physical and diagnostic exam findings, your assessment, restrictions, if applicable formal Mental Status Exam findings).

unable to answer from PCP  
Standpoint.

#### 4. Return to Work Planning

What is the estimated date of the patient's release to modified duty / / and to full duty / /

Are there any temporary work restrictions and/or accommodations which would allow your patient to return to work?

No  Yes, If Yes please specify by providing objective quantification e.g. no lifting greater than 20 lbs.

\* unable to answer from PCP standpoint -

#### 5. Providers Certification (I certify that the information contained on this form and submitted with this form is true and correct.)

Provider's Name and Credentials (MD, DO, etc.)	Gerald Tadley	Specialty	DO	Date	11-7-22
Signature	<u>G. Tadley DO/ml</u>	Phone	215-455-0113	Fax	215-455-0853



Case # 22-4403

4-B

## Authorization to Obtain and Disclose Information

- **Instructions for Employee:** Complete and return to Amazon Disability & Leave Services (DLS).
- **Return the form:** Upload the completed form to the **DLS Portal**, found on the Amazon AtoZ Resources page or at [dls.idp.amazon-corp.com](https://dls.idp.amazon-corp.com) (while on the Amazon network). You can also email to [amazondls@amazon.com](mailto:amazondls@amazon.com) or fax to 1-855-579-1799.

Employee Name: Kenneth Govan

Employee Date of Birth: April 28, 1962

Employee ID: 109752611

This Authorization is being provided so that Amazon and any of its parents, affiliates, subsidiaries, and/or third-party contractors; Aetna Inc. (Aetna), and any of their parents, affiliates, subsidiaries, and/or third-party contractors; The Hartford, and any of their parents, affiliates, subsidiaries, and/or third-party contractors; Amazon Corporate LLC (together with any of its Affiliates or Subsidiaries (Amazon); WorkCare, and any of its parents, affiliates, subsidiaries, and/or third-party contractors; and/or Sedgwick Claims Management Services, Inc. (Sedgwick CMS) can obtain the necessary information to adjudicate a claim for disability or workers' compensation benefits, or a request for leave of absence or related benefits, initiated by or on behalf of the Patient identified above ("Patient"). Once this Authorization is completed and signed by the Patient (or Patient's guardian) whose personal health information is to be disclosed, the health care provider should retain the original for its records and provide a copy of the Authorization to the Patient. **Patient can submit completed document via the DLS Portal, by faxing to 1-855-579-1799, by emailing [amazondls@amazon.com](mailto:amazondls@amazon.com), or by mail to Amazon Disability & Leave Services (DLS), PO Box # 81103 Address: 5801 Postal Road, Cleveland, Ohio 44181.**

**To:** Any health care provider, Pharmacy Benefit Manager, employer, benefit plan, insurer, financial institution, consumer reporting agency, educational institution, or federal, state, or local government agency, including the Social Security Administration and Veterans' Administration.

By signing the Patient Authorization below, your Patient has authorized you to disclose to Amazon, Aetna, The Hartford, WorkCare, or Sedgwick CMS a complete copy of any and all personal or privileged information, records, or documents described herein.

**Information covered by this authorization:** Any and all medical (but not genetic) information or records, including X-ray films, prescription histories, medical histories, physical, mental or diagnostic examinations, and treatment notes, and including information regarding HIV/AIDS, communicable diseases, alcohol or drug abuse, and mental health, as such information may be related to the Patient's claim for benefits; work information and history, including job duties, earnings and personnel records, and client lists; information on any insurance coverage and claims filed, including all records and information related to such coverage and claims; Social Security benefits information, including monthly benefit amounts, monthly payment amounts, entitlement dates, and information from my Master Beneficiary Record. The information obtained by use of this Authorization will be used to evaluate and administer the Patient's claim for benefits under the employer's plan for short-term disability benefits or long-term disability benefits insured by Aetna or The Hartford, to administer the Patient's claim for workers' compensation benefits, and/or a request for leave of absence or related benefits. Such information is referred to in the Patient Authorization as "My Information."

**PATIENT AUTHORIZATION**

I authorize Amazon, Aetna, The Hartford, WorkCare, or Sedgwick CMS to use or disclose My Information as necessary to administer my claim for short-term disability benefits and/or workers' compensation benefits and/or leave of absence or related benefits. I also authorize Amazon, Aetna, The Hartford, WorkCare, or Sedgwick CMS to disclose My Information as follows: (i) to Amazon for (a) functions related to accommodating my medical restrictions or limitations;

Return this form via one of the following methods:

**DLS Portal** on the Resources page on Amazon AtoZ or on <https://dls.idp.amazon-corp.com> (on the network),

Email to [amazondls@amazon.com](mailto:amazondls@amazon.com) or Fax to 1 855 579 1799

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Case # 22-4483

4-C

Dear Treating Provider,

Your patient has requested an absence from work, and disability benefits related to their own illness or injury. In order to accurately assess your patient's functional status and eligibility for disability benefits, the following information is required. In completing this form, we ask that you:

- Provide answers and best estimates based on your medical knowledge, experience, and assessment of the patient.
- Provide relevant ICD 10 and CPT code to help expedite your patient's absence case decision.
- Provide information as specific as possible. Terms such as "unable to determine," or "as needed" may not be sufficient to approve a request for FMLA, and disability leave and paid benefits.
- Along with the completed form, please provide Office/Progress Notes or other relevant Medical Records

If a covered entity uses language such as the following, any receipt of genetic information in response to the request for medical information will be deemed inadvertent: "The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Return the completed form and any other medical records by:

Fax #: 1-855-579-1799, or

Email: [amazondlis@amazon.com](mailto:amazondlis@amazon.com)

## Fax Call Report

HP LaserJet MFP M527

Page 1

### Fax Header Information

Einstein Medical Center  
2154550853  
Oct/13/2022 11:28:03 AM

Job	Date/Time	Type	Line	Identification	Duration	Pages	Result
51440	Oct/13/2022 11:25:57 AM	Send	Analog	18555791799	02:01	5	Success

Oct/13/2022 11:26:27 AM Einstein Medical Center 2154550853 1/5

## Einstein Community Health Associates

Einstein Neighborhood Healthcare  
Einstein

Northeast Family Practice  
335 East Wyoming Avenue  
Philadelphia, PA 19120  
Gerald Tadley, DO  
Phone 215-455-0113  
Fax 215-455-0853

**FAX**

To: Amazon  
Fax #: 1855-579-1799  
From: Dr Tadley  
Date: 10/13/22  
Pages: including cover sheet: 5  
Comments: re: K. Govan

### Confidential Notice:

This facsimile message and all accompanying documents contain information that is legally privileged and confidential. The information is intended only for the personal use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, copying or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. In this regard, if you have received this teletype in error, please notify the SENDER immediately in order to arrange for the proper return of the original documents.

No. 2006 P. 1

9:53AM 9/2008

Case # Govan v Amazon, Inc.

Case # 22-4483

6

Case 2:22-cv-04403-GAM Document 5 Filed 11/28/22 Page 11 of 16

Delete

Archive

Report

Reply

Reply all

Forward

Read / Unread

Categorize

Flag / Unflag

Assign policy

Print

...

Fw: About Leave for - Kenneth Govan, Employee ID: 109752611, Case 02209476  
Sent: Thursday, October 20, 2022 10:30 AM  
To: kenneth D Govan <kenneth.govan@temple.edu>  
Subject: About Leave for - Kenneth Govan, Employee ID: 109752611, Case 02209476



Disability & Leave Services

October 20, 2022

Kenneth Govan  
2601 North Broad St, 316  
Phila, PA 19132  
USA

Dear Kenneth,

Please review the attached documents related to your leave of absence request.  
Please note, you will need access to a printer to print out any forms that must be returned to the Disability & Leave Services (DLS) Team.

For questions, please contact your case manager Shebaaz Shaikh by calling or emailing amazondls@amazon.com.

Thank you,  
Shebaaz Shaikh | US Case Manager (L)  
Disability & Leave Services



10:05 AM 11/26/2022 3

Case # Govan v Amazon  
Case # 22-4403



6-A

Return this form by fax to 1-855-579-1799 or by email to [amazoncls@amazon.com](mailto:amazoncls@amazon.com)

## Physician Statement

<b>Patient Name:</b> Kenneth Govan	<b>Patient Date of Birth:</b> April 28, 1962
<b>Patient Job Title:</b> Prime Now Associate	<b>Case Number:</b> 02209476
<b>Requested Leave Start Date:</b> June 28, 2021	<b>Requested Return To Work:</b> <u>September 19, 2022</u>
<b>Physical Demand:</b> Regular Flex Time - < 20 Hrs	

## 1. Diagnostic Information

<b>Primary Disabling Diagnosis:</b> _____	<b>ICD-10:</b> _____	<b>Onset Date:</b> _____ / _____ / _____
<b>Secondary Diagnosis:</b> _____	<b>ICD-10:</b> _____	_____ / _____ / _____
<b>Surgery Name:</b> _____	<b>CPT:</b> _____	<b>Date of Surgery:</b> _____ / _____ / _____
<b>Type of Surgery:</b> <input type="checkbox"/> Open <input type="checkbox"/> Minimally Invasive		

- Is the patient's primary condition due to injury or illness arising out of the patient's employment?  No  Yes
- Is this absence from work related to patient's pregnancy, or recovery from childbirth or pregnancy loss?  
 No  Yes, with due date or with actual delivery date \_\_\_\_\_ / \_\_\_\_\_ /  Vaginal delivery  Cesarean

## 2. Treatment Information

- Office visits: Most recent visit date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Next visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- If Hospitalized, Admitted on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Discharged on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Treatment plan & Medication(s) for Primary Disabling Diagnosis - name /dosage/last titrated: \_\_\_\_\_
- If Patient referred to specialist, Providers Name \_\_\_\_\_ Specialty \_\_\_\_\_ Phone \_\_\_\_\_

## 3. Clinical and Functional Assessment

Do you consider your patient to be totally impaired from working?  No  Yes

If yes, as of what date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ , with an actual / expected return to work date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If yes, as supported by the following rationale from their Last office visit on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (citing medical facts documenting patient's functional impairments, physical and diagnostic exam findings, your assessment, restrictions, if applicable formal Mental Status Exam findings).

## 4. Return to Work Planning

What is the estimated date of the patient's release to **modified duty** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and to **full duty** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are there any temporary work restrictions and/or accommodations which would allow your patient to return to work?

 No  Yes, If Yes please specify by providing objective quantification e.g. no lifting greater than 20 lbs.5. Providers Certification (*I certify that the information contained on this form and submitted with this form is true and correct.*)

<b>Provider's Name and Credentials (MD, DO, etc.)</b>	<b>Specialty</b>	<b>Date</b>
<b>Signature</b>	<b>Phone</b>	<b>Fax</b>

(b) federal or state Family & Medical Leave Act administration; (c) administration of related leave or benefits claims; (d) fulfilling fiduciary obligations under my benefit plan or (e) responding to legal claims against Amazon or its agent; (ii) to the administrator or other service providers of Amazon's benefit plan or other benefit plans of my employer for plan-related functions; (iii) to any system used for claims processing or insurance broker to carry out functions related to my benefit plan or claim; (iv) to any health care professional who has treated or evaluated me or who may do so; (v) to other persons or entities performing business or legal services related to my claim or to other benefits for which I may be eligible in the future; (vi) as may be lawfully required; (vii) as I may further authorize; or (viii) as necessary to prevent or to detect perpetration of a fraud in connection with my application for benefits.

I authorize the disclosure of my personal and medical information as described above. I understand that this authorization is voluntary. I understand that information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient as permitted by applicable law or my further authorization. I understand that I have the right to fully or partially revoke this Authorization for future disclosures from Amazon, Aetna, WorkCare, or Sedgwick CMS may make, unless they have taken action in reliance upon this Authorization. If I decide to fully or partially revoke my Authorization, I must revoke do so in writing directly to Amazon, specifying whether I wish to fully revoke my authorization, or, if I wish to partially revoke my authorization, providing a description of the information and/or purposes for which I am withdrawing my authorization. I understand that my medical treatment, payment for medical benefits, or enrollment/eligibility for leave benefits cannot be conditioned on my allowing Amazon, Aetna, the Hartford, WorkCare, or Sedgwick CMS to re-disclose My Information and that I may fully or partially revoke my authorization for re-disclosure at any time.

This Authorization expires two years from the date listed below or earlier as required by law, or upon my revocation, if earlier, but will not exceed the term of my coverage of the policy or benefit plan. I understand that I am entitled to receive a copy of this Authorization upon request. A photocopy or facsimile of this Authorization shall be as valid as the original. If there is a conflict between a prior request for restriction on the disclosure of My Information and this Authorization, this Authorization will control.

**Note to employee/beneficiary:** In order to be considered for short-term disability or workers' compensation benefits, you must authorize disclosure of personal and medical information as needed to determine whether you qualify for those benefits. If signed, this form would also authorize further disclosure of your information in order to expedite consideration of your eligibility for additional benefits in the future. Such additional benefits might include long-term disability benefits, vocational rehabilitation services, and payment of life insurance premium while you are on leave. *You are not required to authorize disclosure or re-disclosure of your personal or medical information for such additional purposes.* If you do not want this release to authorize such additional disclosure, please contact DLS at 1-888-892-7180.

#### Important Information for Your Health Care Provider About GINA

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Case # Govan v Amazon, Inc.  
Case # 22-4403

---

Signature of Patient or Guardian

---

Relationship to Patient (if signed by guardian)

---

Date Signed

Return this form via one of the following methods:

DLS Portal on the Resources page on Amazon AtoZ or on <https://dls.idp.amazon-corp.com> (on the network),

Email to [amazonidl@amazon.com](mailto:amazonidl@amazon.com) or Fax to 1-855-579-1799



Case # 22-4403

b-C

Dear Treating Provider,

Your patient has requested an absence from work, and disability benefits related to their own illness or injury. In order to accurately assess your patient's functional status and eligibility for disability benefits, the following information is required. In completing this form, we ask that you:

- Provide answers and best estimates based on your medical knowledge, experience, and assessment of the patient.
- Provide relevant ICD 10 and CPT code to help expedite your patient's absence case decision.
- Provide information as specific as possible. Terms such as "unable to determine," or "as needed" may not be sufficient to approve a request for FMLA, and disability leave and paid benefits.
- Along with the completed form, please provide Office/Progress Notes or other relevant Medical Records

If a covered entity uses language such as the following, any receipt of genetic information in response to the request for medical information will be deemed inadvertent: "The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Return the completed form and any other medical records by:

Fax #: 1-855-579-1799, or

Email: [amazondls@amazon.com](mailto:amazondls@amazon.com)

Case #22-CV-04403-GAM Document 5 Filed 11/28/22 Page 15 of 16  
Case # 22-4403 7-A

My HR > Case details

Case #45783480

Leave of Absence

Status

Closed

Created Date

April 21, 2022

Description

Hello Kenneth,

Thank you for contacting the ERC.

Here is a quick recap of what we discussed over the phone.

You called in today stating that you needed to file a complaint in regards to the Disability and Leave Services team/management fraudulently altering your return date.

You stated that you had to submit medical information based on fraudulent proceedings to the Disability and Leave Services team. You also stated that you were being harassed non-stop. I transferred you to a specialist for further assistance.

I am closing this case; however, please feel free to re-open it and add a post if you need additional assistance on the issue.

Thank you for contacting the ERC and have a great day!

Regards,  
Malikah M

Case # Gove v Amazon, Inc.

Case #  
22-4403

8-A

June 2021

< > Sunday, Jun 27

SUN	MON	TUE	WED	THU	FRI	SAT
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

■ Punches ■ Attention ■ Scheduled shifts • Payday

Punch times (2) ⓘ

Missed a punch? ⚡

In  
Jun 27

4:58 PM

Out  
Jun 27

8:12 PM

See punch correction status

Please note that it may take up to an hour for any changes to appear on this page.

No shifts scheduled

Find shifts

#### Hourly breakdown

Regular Hours Worked: 8hr 16min  
US Surge Shift Prem 5 DPH: 4hr 59min

J 71°F  
Rain coming

11:07 AM  
11/7/2022